

DEPARTMENT OF HOMELAND SECURITY
U.S. Customs and Border Protection

ENTRY SUMMARY

1. Filer Code/Entry No.				2. Entry Type		3. Summary Date					
								4. Surety No.		5. Bond Type	
8. Importing Carrier			9. Mode of Transport			10. Country of Origin			11. Import Date		
12. B/L or AWB No.			13. Manufacturer ID			14. Exporting Country			15. Export Date		
16. I.T. No.		17. I.T. Date		18. Missing Docs		19. Foreign Port of Lading			20. U.S. Port of Unlading		
21. Location of Goods/G.O. No.		22. Consignee No.				23. Importer No.			24. Reference No.		
25. Ultimate Consignee Name and Address City _____ State _____ Zip _____						26. Importer of Record Name and Address City _____ State _____ Zip _____					
27.	28. Description of Merchandise					32.		33.		34.	
Line No.	29. A. HTSUS No. B. ADA/CVD No.		30. A. Grossweight B. Manifest Qty.		31. Net Quantity in HTSUS Units	A. Entered Value B. CHGS C. Relationship		A. HTSUS Rate B. ADA/CVD Rate C. IRC Rate D. Visa No.		Duty and I.R. Tax Dollars Cents	
Other Fee Summary for Block 39			35. Total Entered Value \$ _____			CBP USE ONLY			TOTALS		
			Total Other Fees \$ _____								
36. DECLARATION OF IMPORTER OF RECORD (OWNER OR PURCHASER) OR AUTHORIZED AGENT I declare that I am the <input type="checkbox"/> Importer of record and that the actual owner, purchaser, or consignee for CBP purposes is as shown above, OR <input type="checkbox"/> owner or purchaser or agent thereof. I further declare that the merchandise <input type="checkbox"/> was obtained pursuant to a purchase or agreement to purchase and that the prices set forth in the invoices are true, OR <input type="checkbox"/> was not obtained pursuant to a purchase or agreement to purchase and the statements in the invoices as to value or price are true to the best of my knowledge and belief. I also declare that the statements in the documents herein filed fully disclose to the best of my knowledge and belief the true prices, values, quantities, rebates, drawbacks, fees, commissions, and royalties and are true and correct, and that all goods or services provided to the seller of the merchandise either free or at reduced cost are fully disclosed. I will immediately furnish to the appropriate CBP officer any information showing a different statement of facts.						REASON CODE		C. Ascertained Tax		38. Tax	
								D. Ascertained Other		39. Other	
								E. Ascertained Total		40. Total	
41. DECLARANT NAME			TITLE			SIGNATURE			DATE		
42. Broker/Filer Information (Name, address, phone number)						43. Broker/Importer File No.					

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